PTC/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Pat nt Application

Direct all correspondence to: Customer Nur or Bar Code L		34356	OR C	orrespondence address below			
Name							
Address							
City \	·	State	·	ZIP			
Country	Telephon⊭			Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
BINA R. Given Name (first and middle [if any])	JENNINGS Family Name or Surname		S				
Inventor's Bina R. Henning Date							
TULSA	ØK	U	JSA	USA			
Residence: City 5745 EAST 4TH TERRACE	State	<u>c</u> _	untry	Citizenship			
Malling Address	4,24						
TULSA	OK		74112	USA			
City	State	ZIP	•	Country			
NAME OF SECOND INVENTOR:	A petition h	as been file	d for this unsigr	ned inventor			
Given Name (first and middle [if any])		Family Nar					
Inventor's Signature				Date			
Residence: City	State	Со	untry	Citizenship			
Mailing Address							
City	Stat	ZIP		Country			
Additional inventors are being named on the	supplem ntal Addi	itional Inventor	(s) sheet(s) PTO/SI	B/02A attached hereto.			

PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of inform	lation unless it displays a valid OMB control number.	
Application Number		
Filing Date		1
First Named Inventor	Bina R. Jennings	1
THE Flossing Kit	For Cleaning Pierced	l Parts
Art Unit		1
Examiner Name		-
Attorney Docket Number	OCT797	†

I hereby appoint:							
Practitioners at Customer Number: OR	34356						
Practitioner(s) named below:							
Name		Registra	tion Number				
		★ ************************************					
as my/our attorney(s) or agent(s) to prosec	uto the continuing identified above						
as my/our attorney(s) or agent(s) to prosec Trademark Office connected therewith.	ute the application identified above	, and to transact all busin	less in the United States Patent and				
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:							
OR	·		- 1				
The address associated with Customer Number:							
OR	· · ·		-1				
Firm or Individual Name							
Address Address							
City							
Country		State	Zip				
Telephone		Fax					
Applicant/Inventor. Assignee of record of the entire into Statement under 37 CFR 3.73(b) is	erest. See 37 CFR 3.71.	1.30					
SIGNATURE of Applicant or Assignee of Record							
Name Bina R, Je	nnings						
Signature Kina K. Le	mings						
Date 69-20-03 0		Telephone	е				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below*.							
*Total of One forms are sul							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.